

<b>Case Number:</b>	CM14-0012534		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 23 year old male who was injured on 01/13/2010 while he was at work sustaining an injury to his left knee and low back. Prior treatment history has included medication, chiropractic treatments, acupuncture, and shockwave. Follow-up examination dated 11/05/2013 indicated the patient complains of left knee pain and constant bilateral low back pain. On physical examination, the lumbar ranges of motion exhibits flexion to 40 degrees; extension to 15 degrees and motion to the right and left to 25 degrees. Dorsal range of motion is to 25 degrees bilaterally; Knee range of motion exhibits flexion on the right to 150 degrees, left to 135 degrees; and extension bilaterally to 0 degrees. Evaluation of the lumbar spinal region reveals tender areas in the left lumbar region (grade 3). Straight leg raise is positive on the left and Kemps is positive bilaterally. The patient reported localized low back pain during the test. The patient reported localized low back pain during the test. The knees are 2+ with tenderness at the patellar. Diagnoses are tenosynovitis of the left knee; lumbar disc 8.2 mm at L5-S1; Sacroiliitis; Thoracalgia; probable post-traumatic anxiety and depression; probable post-traumatic insomnia; and probable gastritis from meds.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**RETRO; TRAMADOL/GABAPENTIN/ CYCLOBENZAPRINE/FLURBIPROFEN FPR THE LEFT KNEE AND LUMBAR SPINE: 11/5/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** As per CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines further indicate that topical gabapentin is not recommended since there is no peer-reviewed literature to support use. Additionally, guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the retrospective request for Tramadol/Gabapentin/ Cyclobenzaprine/ Flurbiprofen for the left knee and lumbar spine is not medically necessary.